#### **WATERMAN GARY**

Form 4

December 01, 2005

## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB APPROVAL

OMB 3235-0287 Number:

Expires:

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0.5

Estimated average burden hours per

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if no longer subject to Section 16. Form 4 or Form 5

obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

may continue. *See* Instruction

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \*\* WATERMAN GARY

2. Issuer Name **and** Ticker or Trading

Symbol

EQUITY LIFESTYLE PROPERTIES INC [ELS]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last)

(City)

(First) (Middle)

3. Date of Earliest Transaction

4. If Amendment, Date Original

\_X\_ Director \_\_\_\_\_ 1
\_\_\_ Officer (give title below) below)

\_\_\_\_\_ 10% Owner \_\_\_\_\_ Other (specify

6886 WING POINT ROAD NE

(Month/Day/Year) 12/01/2005

12/01/2003

Filed(Month/Day/Year)

 $6.\ Individual\ or\ Joint/Group\ Filing (Check$ 

Applicable Line)

\_X\_ Form filed by One Reporting Person \_\_\_ Form filed by More than One Reporting

Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

BAINBRIDGE ISLAND, WA 98110

(State)

(Street)

1.Title of Security	2. Transaction Date (Month/Day/Year)					
(Instr. 3)		any (Month/Day/Year)				

(Zip)

3. 4. Securities Acquired 5. Amount of Transaction(A) or Disposed of Code (D) Securities Beneficially (Instr. 8) (Instr. 3, 4 and 5) Owned

5. Amount of Securities Beneficially Owned Following Reported

6. Ownership 7. Nature of Form: Direct Indirect (D) or Beneficial Indirect (I) Ownership (Instr. 4) (Instr. 4)

 $\begin{array}{ccc} & & or \\ Code & V & Amount & (D) \end{array}$ 

Transaction(s)
(Instr. 3 and 4)

Common Stock, par

12/01/2005 J<sub>(1)</sub> 33,577 A \$ 0 76,244

D

value \$.01
Common

value \$.01

Stock, par 12/01/2005

J(1) 3

33,577 D \$0 0

(A)

I

\* (2)

SEC 1474

(9-02)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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### Edgar Filing: WATERMAN GARY - Form 4

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transacti	5. orNumber	6. Date Exerc Expiration D		7. Title		8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(Monda Day) Teal)	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/Year) ve es d		Underlying Securities (Instr. 3 and 4)	ying ies	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title N	Amount or Number of Shares		

## **Reporting Owners**

Relationships Reporting Owner Name / Address 10% Owner Officer Other Director

WATERMAN GARY 6886 WING POINT ROAD NE X BAINBRIDGE ISLAND, WA 98110

### **Signatures**

By: Terry Termini, by Power of Atty. For: Gary L. Waterman

12/01/2005

\*\*Signature of Reporting Person Date

### **Explanation of Responses:**

- If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Shares reported herein are transferred from Supplemental Employees Retirement Plan (indirect to direct position).
- Shares reported herein are beneficially owned by The Security Trust Company as Trustee of the Manufactured Home Communities, Inc. Supplemental Employees Retirement Plan for the benefit of the Reporting Person.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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